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ABSTRACT

This document reports on the activities of the Rhode Island Task Force on Teenage Suicide Prevention which held its first meeting in September 1985. The function, progress, membership, and meetings of the three committees (public relations, resource, and research) are discussed. A pilot program on suicide prevention is described which provided teachers in four public high schools with a 2-day workshop on suicide information and attitudes toward death and suicide. It is noted that teachers were expected to teach workshop information to their students. Early evaluation of the program is described as positive; helping behaviors reportedly increased. Regional and national networking activities on teenage suicide issues are discussed. National and statewide statistics on teenage suicides are presented, including results of a study of 70 teenage suicides from 1975-1983. The report concludes that teenage suicide is preventable and the task force will endeavor to institute a framework for comprehensive teenage suicide awareness. (ABL)

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FIRST REPORT TO THE GENERAL ASSEMBLY

OF THE

RHODE ISLAND TASK FORCE ON TEENAGE SUICIDE PREVENTION

LIEUTENANT GOVERNOR RICHARD A. LICHT, CHAIRMAN

MAY, 1986

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Richard A. Licht
Lieutenant Governor

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May, 1986

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The Honorable Matthew J. Smith
Speaker of the House
The Honorable John C. Revens
Senate Majority Leader
State House
Providence, RI 02903

Dear Mr. Speaker and Senator Revens:

Chapter 216 of the Acts & Resolves passed by the General Assembly, January Session, A.D. 1985 created a Special Legislative Task Force to Address Teenage Suicide Prevention.

Although Chapter 216 requires the Task Force to file a report with the General Assembly on or before February 15 of each year, this first report is being presented to you on this late date in order to have allowed for the inclusion of some very significant findings. These findings were a direct result of a pilot program on suicide awareness which was initiated during the Fall of 1985 and is funded, in part, by the State of Rhode Island.

Pursuant to the results of this pilot program and the recommendations of the Task Force on Teenage Suicide Prevention, legislation has been introduced during this 1986 session of the General Assembly to further the objectives of the Task Force. 86-S2906 (Sen. D'Ambra)/86-H8502 (Rep. Carcieri, Batastini, Skeffington, Corkery, Moura), "An Act Relating to Teenage Suicide Prevention" seeks to establish a prevention awareness program as part of the health education curriculum for high school students. It would also appropriate $35,000 to the Samaritans to provide suicide prevention awareness workshops for teachers and to distribute suicide prevention awareness materials to public buildings.

Since the Task Force's first meeting on September 30, 1985, much has been accomplished; however, we envision the coming year to be even more productive. To this end, our Research Committee, under the guidance of Dr. Peter Simon, has begun its compilation of data on a local and national level. The Resource Committee chaired by Ms. Carolyn Benedict Drew, has begun planning a conference to be held in January, 1987. Dr. Andrew Slaby, who

chairs the Public Relations Committee has already begun to strategize a media campaign toward the destigmatization of suicide.

I hope this report proves beneficial to you and the members of the General Assembly.

Respectfully submitted,

RICHARD A. LICHT
Lieutenant Governor

RAL/mb/ct

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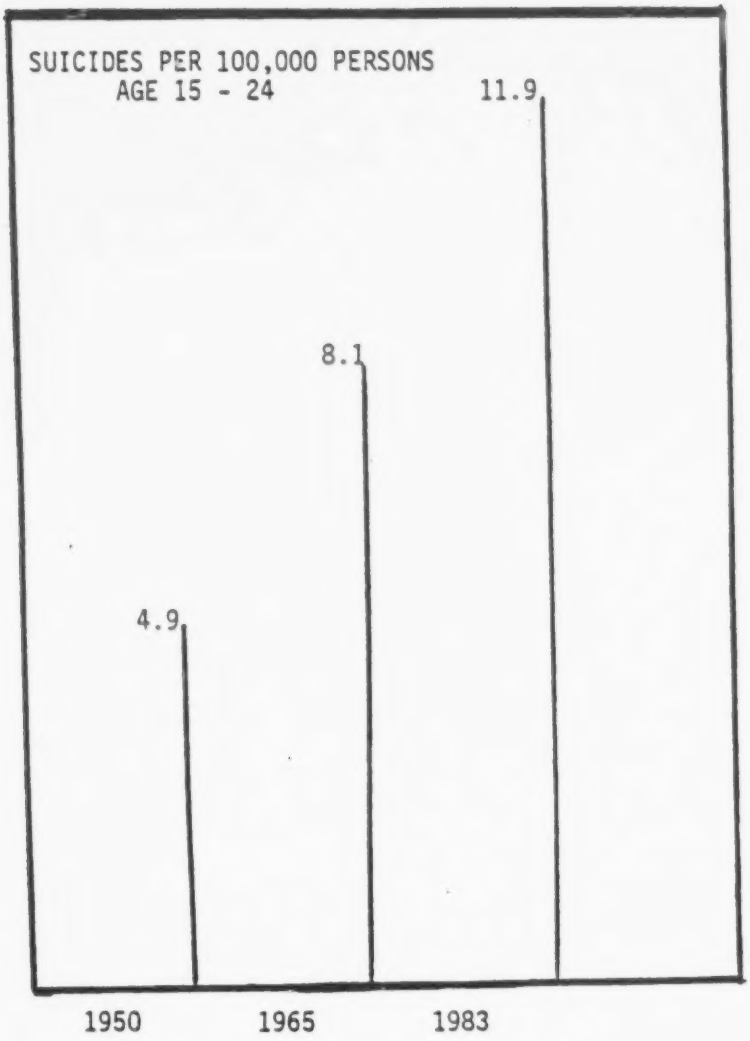
RHODE ISLAND TASK FORCE ON TEENAGE SUICIDE PREVENTION



*Basic Data: US Department of Health and Human Services

CHAIRMAN: LIEUTENANT GOVERNOR RICHARD A. LICHT

May, 1986

I. Task Force Organization

A. Task Force Membership

The following persons were appointed to the Task Force:

1. By the Speaker:

   Rep. Anthony J. Carcieri
   Rep. Jerome P. Egan
   Rep. Suzanne M. Henseler
   Rep. Mary Lou Walter
   Dr. Andrew E. Slaby
   Mr. Austin Donnelly, III

2. By the Senate Majority Leader:

   Sen. James S. D'Ambra
   Sen. Dominick J. Ruggerio
   Sen. Joan R. Wiesner
   Dr. Suzanne G.Riggs
   Mr. Edward W. McDonough

3. By the Lieutenant Governor:

   Mr. Alan B.Feinstein
   Mrs. Toby B. Simon
   Ms. Eileen M. McCormick
   Mrs. Pamela Gomes-McCarty
   Ms. Helen F. Godin

4. By the Governor:

   Dr. Stanley M. Aronson

The following persons served on the Task Force as ex-officio members or as the designee of certain organizations:

Dr. Roger A. Richardson, Department of Mental Health, Retardation and Hospitals

Dr. Peter A. Simon, Department of Health

Mr. Edward T. Costa, Department of Elementary and Secondary Education

Rep. Zygmunt J. Friedemann, Chairman, "911 Commission"

Dr. William Q. Sturner, State Medical Examiner

Ms. Carolyn Benedict Drew, Executive Director, Samaritans

Dr. J. Eugene Knott, Department of Higher Education

B. Task Force Officers

The Task Force first met on September 30, 1985. At that meeting the following officers were elected:

Chairperson: Lieutenant Governor Richard A. Licht

Vice Chairperson: Ms. Carolyn Benedict Drew

Secretary: Ms. Toby Simon

C. Committees

At the third meeting of the Task Force held on November 19, 1985, it was agreed to create the following committees:

Public Relations Committee

Resource Committee

Research Committee

D. Task Force Meetings

The Full Task Force first met on September 30, 1985 and has held six (6) other meetings on the following dates:

October 22, 1985
November 19, 1985
January 28, 1986
February 25, 1986
March 31, 1986
April 22, 1986

Meetings are scheduled on a monthly basis and will continue throughout the year.

II. Committee Activities

A. Public Relations Committee

1. Function

The Committee on Public Relations of the Task Force on Teenage Suicide Prevention has focused on the initiation of activities in the state which will reduce barriers to obtaining

psychiatric help for children and adolescents who feel self-destructive.

2. Progress Report

A program on suicide prevention is to be presented as a coordinated effort of the Departments of Pediatrics and Psychiatry of the Rhode Island Hospital and The Samaritans in January of 1987. The theme is recognition of early signs of suicide and prevention. The publicity for the workshop will be widely distributed. The workshop will be directed both to physicians who serve as primary caregivers for children and Rhode Island guidance counselors and educators. In addition, administrators, clergy and other caregivers will be invited to participate. Representatives from all the major universities (i.e. Brown University, Bryant College, Rhode Island College, Rhode Island School of Design, Roger Williams College, Salve Regina, the University of Rhode Island, and Wheaton College) will be invited. Speakers who have confirmed their willingness to participate in the workshop include: Dr. Pamela Cantor (Past President of the American Association of Suicidology), Dr. Barry Garfinkel (Director of Child Psychiatry at the University of Minnesota), Dr. Seymour Perlin (Professor of Psychiatry at George Washington University), and Dr. Cynthia Pfeffer (Current President of the American Association of Suicidology). Sources of funding for the workshop are currently being discussed.

The Public Relations Committee feels that a 30-60 second spot on public television should be secured to alert individuals in the community to the problem of adolescent suicide. It was suggested that Trinity actors be recruited to act out a scenario involving recognition of early signs of suicide so that suicide attempts, as well as successes, may be prevented. At one time, there were limited funds in the Health Department for actors to prepare a public service spot. A scenario has been suggested that would involve a child who is suicidal or alternately two adults discussing how to recognize indicia of suicidal preoccupation.

At the Committee's April 22 meeting, the destigmatization campaign of the Rhode Island Mental Health Association was presented in summary by Ms. Beth Snow of the RI State Nurse's Association. As a result of this presentation, the Public Relations Committee has determined that two additional groups must be addressed as part of the prevention campaign. They are parents and nurses.

It seems clear that heightened awareness is a specific need of both parents and nurses if they are to effectively reduce the barriers that prevent early recognition and treatment of individuals with suicidal ideation.

3. Membership and Meetings

The Public Relations Committee is comprised of:

Chair: Dr. Andrew Slaby

Mr. Austin Donnelly, III

Rep. Jerome Egan

Rep. Zygmunt Friedemann

Rep. Suzanne Henseler

Mr. Edward McDonough

Sen. Dominick Ruggerio

Ms. Toby Simon

The Public Relations Committee has met twice:

March 31, 1986
April 22, 1986

B. Resource Committee

1. Functions

- To continue to increase communication between departments on the issue of suicide prevention.

- To collaborate with the Department of Health in coordinating preliminary efforts to gain financial support from the Center for Disease Control.

- To provide technical assistance through The Samaritans to the Department of Education for ongoing graduate education.

- To provide ongoing community education through the Samaritans to help educate the community at large.

2. Progress Report

Initial plans have been developed for a January 1987 statewide conference on adolescent suicide. The objective of the conference is to identify the ways in which the major state departments can cooperate and collaborate in the area of suicide prevention. The conference will also address suicide from an epidemiological viewpoint. Thus far, the Department of Education, the Department of Health and Mental Health, Retardation and

Hospitals have agreed to participate in the conference. Brown University, Rhode Island Hospital and The Samaritans have agreed to sponsor the conference.

The vice chair of the Task Force, Carolyn Benedict Drew, Executive Director of The Samaritans, met with the Executive Director of the National Committee on Youth Suicide Prevention to arrange a national feature story on Rhode Island's outstanding work in the area of suicide prevention. The feature will run in August.

Dr. Stanley Aronson has made arrangements to devote one edition of the RI Medical Journal to "Suicide." Potential contributors are Dr. Slaby, Carolyn Benedict Drew and Dr. Sturner.

In addition to this, the Resource Committee has:

- Held a round table discussion with educators identifying problems within public schools;
- Developed and implemented a suicide program for public schools;
- Developed a teacher's manual on suicide prevention for public school use;
- Developed and implemented a graduate course on suicide prevention (3 credits - 57 hours) at Rhode Island College to begin in September of 1986.

3. Membership and Meetings

The Resource Committee is comprised of:

Chairperson: Carolyn Benedict Drew
Dr. Stanley Aronson
Rep. Anthony Carcieri
Mr. Edward Costa
Sen. James D'Ambra
Mr. Alan Feinstein
Ms. Eileen McCormick
Sen. Joan Wiesner

The Resource Committee has met twice:

February 12, 1986
March 11, 1986

C. Research Committee

1. Function

The Research Committee will develop the basic data sets available into a model surveillance system. Specifically, the Research Committee will inventory and characterize any source of information regarding teenage suicide which has been presented to physicians, schools, hotlines, emergency rooms and hospitals.

2. Progress Report

To date, the Research Committee has explored parallel activity at the Federal level. They have touched base with:

- The Department of Health and Human Services which has a Task Force charged to assess what is known about suicide and make recommendations to address the issues.

- The National Institute of Mental Health, which has organized three consensus meetings on the issues of suicide:

  * risk factors
  * measures of efficacy and cost effectiveness of preventive intervention
  * strategies for the future of suicide prevention

Dr. Riggs will represent the Task Force on May 8 and 9, 1986 in Washington, DC at the Risk Factors Conference.

Dr. Slaby will represent the Task Force on June 11 through June 13, 1986 in Oakland, California at the Preventive Intervention Conference.

"Strategies for the Future" which is to be held in Washington, DC on November 17 and 18, 1986 will be by invitation only. Dr. Simon, as chairperson of the Research Committee has made the appropriate parties aware of Rhode Island's interest in participating in the November conference.

Specific areas are being researched by members of the committee as input toward the model surveillance system:

- Dr. Sturner has updated a statistical report of completed suicides amongst RI children and adolescents;

- Dr. Richardson has looked into the relationship between gun control legislation and suicide rates;

- Dr. Riggs is seeking to develop hospital discharge data, as well as, information on the categorization of attempters;

- Dr. Simon is concentrating on a preliminary investigation of Rhode Island's data system for ambulance services.

3. Memberships and Meetings

The Research Committee is comprised of:

Chairperson: Dr. Peter Simon
Ms. Helen Godin
Dr. Eugene Knott
Pamela Gomes-McCarty
Dr. Roger Richardson
Dr. Suzanne Riggs
Dr. William Sturner
Rep. Mary Lou Walter

The Research Committee has met twice:

February 20, 1986
March 24, 1986

III. Pilot Suicidal Awareness Identification and Prevention Program

A. Overview

Many believe that education of high school students in the classroom is a useful and effective tool in suicide awareness and prevention. Systematic program evaluation of such projects, however, has often been lacking. The aim of this program was to describe the training curriculum for a pilot suicide project and the measures used to assess effectiveness.

Through the Rhode Island Task Force on Teenage Suicide Prevention and The Samaritans of Providence, Rhode Island, received a grant given by the National Conference of State Legislatures to conduct a pilot program on suicide prevention in public schools in Rhode Island. The primary objectives of the study were:

1. to provide a timely, accurate and quantitative assessment of an already developed and published methodology for suicidal awareness, identification and prevention;

2. to report findings back to the Rhode Island Teenage Suicide Task Force and to make recommendations to that body and the Rhode Island legislature of the study findings;

3. to provide, nationally, to the legislative and educational communities a proven methodology, program and documentation that are adaptable to state, regional, city and town needs.

Eight high schools in the state were selected for participation in this project. Four of the high schools served as experimental schools in which the suicide curriculum was implemented and four served as control schools. Two urban high schools, two suburban high schools, two rural high schools, and two suburban/rural high schools were selected to get a representative sampling of the teenagers in the state.

A two day workshop on suicide information and attitudes towards death and suicide was attended by teachers from the four high schools participating in the program. During the workshop, a teacher's manual, written by a teacher from The Samaritans was distributed for use in the program. The program called for these teachers to, in turn, educate approximately 300 students. Students and teachers in both experimental and participating schools were administered a number of scales pertaining to knowledge regarding suicide attempts in the student body, and a measure of hopelessness for the students.

Baseline evaluation measures were collected at all eight schools. A total of 613 students were evaluated in the experimental schools while there were a total of 747 students in the control schools.

Four different measures were used as assessment tools for this project.

1. Knowledge: This instrument assessed the group's understanding of the basic knowledge regarding adolescent suicide, including identification, intervention, and referral sources and processes. The instrument was administered before and after a prevention program using standardized instructions at the experimental schools.

2. Attitudes: An instrument devised to measure attitudes, beliefs and feelings about suicide, death, and emotional distress. This was administered before the program and will be administered several months after the completion.

3. Student's personal knowledge regarding aspects of suicide. The first questions focus on the incidence of suicide attempts as known to a particular student and the last questions were derived from the curriculum aimed at encouraging certain helping behavior. This measure might indicate a change in these helping behaviors following intervention.

4. A self report measure of emotional state. It was decided to assess hopelessness for two reasons.

a. Hopelessness is an emotional state which is often felt to accompany depression and may be a precursor or at least a concomitant of adolescent suicide;

b. An indirect way of looking at the question often posed by concerned parents and administrators that a suicide awareness curriculum can have an adverse effect on the emotional health of students.

When the pre/post control group study was designed, it was felt that long-term results were the most important that could be garnered. Although the intervention took place in the fall of 1985, the most important follow up data would be towards the end of the school year. This will be systematically collected, analyzed and summarized.

Initial results on the post knowledge and the hopelessness test are both practically and statistically significant. Specifically, the post knowledge scores at the suburban, rural and suburban/rural high schools manifested significant increases in post knowledge means and significant reductions in their respective standard deviations (as compared to the pretest means and standard deviation). These two statistical measures are a direct reflection of the effectiveness of the school program. The preliminary results clearly demonstrate that suicide is an issue at the high school level and there exists an informal peer network that reflects this issue.

Initial subjective findings indicate that the program does lend to behavior change. Both teachers and students reported an increase in helping behaviors. During this time, third party calls to Samaritans increased by 84 percent. Evaluations by students, teachers and parents were very positive and supportive.

All students who participated were asked to fill out an evaluation at the completion of the course. Most of the 600 were very positive and supportive of the program. There were some complaints about too many papers to fill out - a problem peculiar to the pilot program and the assessment measures. They were very interested in coping skills, reduction of stress and suicide information. There were concerns that this information should be available to students in the fifth and sixth grades. Like the teachers, the students were particularly interested in the listening skills and how to respond to a suicidal friend.

Through a collaborative effort of the Rhode Island Department of Education, the Rhode Island Department of Health, the Rhode Island Task Force on Teenage Suicide Prevention and The Samaritans, a plan has been made to insure the future of the suicide awareness program in Rhode Island.

1. The Department of Health has given us a three year step down grant to implement the program with teachers.

2. The Department of Education has incorporated suicide prevention into their mandatory health curriculum.

3. The Task Force is (1) coordinating department heads in their efforts to implement statewide programs; (2) a bill has been submitted to the 1986 General Assembly for a suicide awareness program for public school students in grades 9-12 accompanied by workshops developed and provided by The Samaritans for those public school teachers who are designated to teach the suicide prevention awareness program; (3) plans are underway for a statewide conference on teen suicide in the winter of 1987.

B. Recommendations

1. Implement suicide awareness and suicide prevention programs in all Rhode Island high schools.

   N.B. 1: The Rhode Island Department of Health has provided a three year step down grant to implement a program with teachers.

   N.B. 2: The Rhode Island Department of Education has incorporated suicide prevention into their recently mandated health curriculum.

2. Develop and Implement an ongoing assessment measure.

3. Support a legislative initiative addressed to the implementation of a suicide awareness, identification and prevention program.

   N.B.: A bill has been submitted (Appendix H) to the 1986 General Assembly for a suicide awareness program for public school students in grades 9-12 accomplished by workshops developed and provided by The Samaritans for those public school teachers who are designated to teach the suicide prevention awareness program. The bill was passed by the Rhode Island Senate in April 1986.

4. Formulate a proposal for submission to the appropriate state (Rhode Island) and national legislative and educational channels that calls for the development of a generic program model that would be procedural in form. Specifically, the generic program model would be a step-by-step procedure for program execution, e.g., identify required personnel, choice of schools, the incorporation of local social and medical agencies, planning of tests, test frequency, tests conditions,

etc. Simply put, this 'program packet' would allow the ready application of the procedures utilized in this program.

5. On behalf of the Rhode Island Task Force on Teenage Suicide Prevention, The Samaritans and Rhode Island Hospital will sponsor a statewide conference on adolescent suicide during the winter of 1987.

C. Financial Report

NATIONAL CONFERENCE OF STATE LEGISLATURES

	NCSL	State	In-Kind
July, 1985	$1,249.25	$ 790.91	$1,063.03
August, 1985	2,826.00	492.91	1,817.00
September, 1985	80.00	1,815.02	3,822.00
October, 1985	260.00	289.74	2,774.49
November, 1985	1,778.25	878.76	4,158.64
Jan.-April, 1986	1,306.50	732.66	7,364.84
TOTAL	$7,500.00	$5,000.00	$21,000.00

IV. Networking at the Regional and National Level

A. Regional Activity

On May 19 and 20, 1986, the Human Services Development Institute (University of Southern Maine) and the Maine Committee on Youth Suicide will co-sponsor the first New England Regional Youth Suicide Conference.

The two day conference has been developed for members of the Maine Shelter Network, the New England Consortium on Youth Suicide and other invited professionals from around New England.

Scheduled workshops include:

- Runaways and Suicides
- Politics of Organizing for Youth Suicide Prevention
- Stress and Youth Suicides
- Suicide Prevention: Peer Counseling
- Postvention
- Teen Suicide Clusters
- Rural Suicide

- Peer Hotlines
- Survivors

Ms. Sally Ashworth, School Coordinator for The Samaritans in Rhode Island, will be taking the lead by conducting the workshops on "Suicide Prevention in the Schools." Ms. Carolyn Benedict-Drew, Executive Director of The Samaritans in Rhode Island, will be running the "Postvention" workshop at the Regional Conference.

In addition to Ms. Ashworth and Ms. Drew, Lieutenant Governor Richard A. Licht has made arrangements for several other individuals to participate in the Conference: Sen. Joan Wiesner; Dr. Andrew Slaby; Ms. Nancy Heroux, Assistant Director of The Samaritans; and Mr. Gordon Pooler, Volunteer Coordinator for The Samaritans.

B. National Activity

As pointed out, the Task Force has worked with the National Conference of State Legislatures to secure funding for the Pilot Suicidal Awareness Identification and Prevention Program.

The Public Relations and Resource Committees have been in touch with the American Association of Suicidology, George Washington University and the Department of Child Psychiatry at the University of Minnesota.

The Research Committee has contacted the National Institute of Mental Health, the Department of Health and Human Services, as well as, the Center for Disease Control.

Lieutenant Governor Licht has received numerous requests for sample legislation and background information on Rhode Island's legislative initiatives in addressing teenage suicide prevention.

e.g. - Lieutenant Governor Winston Bryant of Arkansas
- Department of Health and Human Services, Boston, MA
- Office of Inspector General, Seattle, Washington
- Maine Committee on Youth Suicide

As State Chairman, Lieutenant Governor Licht has made a point of communicating Rhode Island's progress to the Executive Director of the National Committee on Youth Suicide Prevention, Ms. Linda Laventhal.

The 32 states chapters (which are presently under the umbrella of the National Committee on Youth Suicide Prevention) are a strong indicator that Rhode Island is very much in step with the rest of the nation in legislating programs that address the crucial issue of teenage suicide.

V. Statistics

A. Nationwide

Every 90 minutes a teenager commits suicide. Since 1970, the suicide rate for youths 15 to 19 has risen 44 percent, compared with 2.6 percent increase for the nation as a whole. In that same period, suicide has gone from fifth leading cause of death among people age 15 to 24 to second leading cause accounting for approximately 5,000 deaths a year and trailing only automobile and other accidents.

NATIONAL TEEN SUICIDE STATISTICS

Teenage Suicide (Age 15-24) Rate: Per 100,000

FACT: The teenage suicide rate has more than tripled since 1955, going from 4.1% in 1955 to 12.5% in 1982. The actual number of teenage suicides has increased by more than 500% since 1950.

FACT: There were far more teenage suicides during 1982 (5,170 total) than there were senior suicides (2,040).

Teenage Suicide

Year	Total	Rate
1982	5,170	12.5%
1981	5,161	12.5%
1980	---	12.3%
1978	5,115	12.1%
1973	4,098	10.5%
1960	---	6.2%
1955	---	4.1%
1950	997	4.3%

FACT: National Center for Health Statistics estimates greater than 6,000 teenage suicides occurred in 1983. (No final statistics available).

FACT: The teenage suicide rate has increased tremendously (tripling since 1950 and doubling since 1960).

FACT: Of any 10 persons who kill themselves, 8 have given definite warnings of their suicide intentions.

FACT: Suicide is represented proportionately in all levels of society.

FACT: Most suicides occur within 3 months of the beginning of "improvement."

FACT: During a 13 year period ending in 1978, there were almost 2,000 undocumented cases of suicide among children under the age of 14.

FACT: It is estimated that 5,000 to 6,000 young people take their lives each year; research indicates that another 500,000 attempt to do so annually.

FACT: There are approximately 17 youth suicides per day; one every 84 minutes. Unsuccessful attempts run about 50 for every actual death.

SOURCES: National Center for Health Statistics
Bergen Regional Counseling Center
American Association of Suicidology
Office of State Medical Examiner, Rhode Island

B. Statewide

Dr. William Q. Sturner, State Medical Examiner, has supplied the following data on Rhode Island's youth and adolescent suicides.

CHILD AND ADOLESCENT SUICIDES

RHODE ISLAND CASES

1975 - 1986*

1975	-	11	
1976	-	4	
1977	-	18	
1978	-	3	
1979	-	8	
1980	-	6	
1981	-	11	
1982	-	7	
1983	-	5	
1984	-	7	
1985	-	10	
1986	-	1	*as of 2/25/86
Total	-	91	

ADOLESCENT SUICIDE STUDY: 1975 - 1983

Total Number: 70

13 of 70 born outside of Rhode Island (5 outside USA)

Ages - 12 through 19 inclusive

Race - All White
(NB: 1 Black Male - 1984)

Rate - 10 through 19 inclusive: 1981 - 7.3; 1982 - 4.2;
1983 - 3.6; 1984 - 4.2

Sexes - 59 Male 11 Female

Marital Status - 4 married (did not live with spouse)

(NB: Only 1 "Double Suicide" of Teens (1984)

CAUSES:		TOXICOLOGY:	
Gunshot Wounds	- 28	Alcohol	- 25
Hanging	- 20	Drugs	- 6
Drug Overdose	- 9	THC	- 8
Carbon Monoxide	- 5	(Previous Drug Use - 15)	
Drowning	- 4		
Jumped from Height	- 3		
Immolation (set self afire)	- 1		
PREVIOUS ATTEMPTS	- 15	(1 had 2 attempts)	
PREVIOUS HOSPITALIZATIONS		(not recorded)	
NOTES LEFT	- 26	(4 had 2 or more notes)	
VERBAL THREATS		(1 announced 5 times)	
TOTAL	- 61	"WARNINGS" (87%!)	
EXPRSSED DEPRESSION	- 25	(5 of these: Unemployment)	
PROBLEMS WITH THE LAW	- 15		
PSYCHIATRIC/PSYCHOLOGICAL HELP	- 11		
SCHOOL PROBLEMS	- 8	(4 "A" Students; 1 "Dropout")	
BOY OR GIRL FRIEND PROBLEMS	- 17	(1 Abortion; 1 Pregnant)	
PARENTS - DIVORCED OR SEPARATED	- 18	(5 not living at home with mother; 3 living on own)	
OTHER PHYSICAL PROBLEMS	- 13	(1 on crutches from recent injury)	

SOME CIRCUMSTANCES LEADING TO SUICIDE

1 FATHER HANGED SELF IN JAIL 1 MONTH PREVIOUSLY

1 COMMITTED SUICIDE 1 WEEK AFTER COUSIN'S SUICIDE

1 "RETARDED"

1 HAD CHILD 18 MONTHS OLD

1 APPLIED BUT REJECTED IN COAST GUARD ("HEADACHES")

1 DISCHARGED FROM MARINES ("SCHIZOPHRENIC")

1 DIDN'T "FIX FRONT STEPS"; FATHER FELL AND DIED; (16 Y/O "A" STUDENT)

1 LOST ELECTION AS SCHOOL PRESIDENT

1 LONG HISTORY OF "SOCIAL PROBLEMS"

1 AGE 11: CAR ACCIDENT (ABNORMAL EEG, CONCUSSION) 17 Y/O

1 CAR ACCIDENT (FATHER, M.D.)

1 2 BROTHERS PREVIOUSLY COMMITTED SUICIDE BY HANGING! (CO INTOXICATION)

1 WANTED TO LIVE WITH MOTHER BUT SHE REFUSED

1 LIVING IN DORM, ANGRY WITH FATHER WHO HAD GIRLFRIEND

1 13 Y/O, SIBLING DEATH (NATURAL); 9 OTHER SIBLINGS

1 RECENT LOCAL SUICIDE AT SAME SCHOOL -- "DEPRESSED" FOR 2 WEEKS

1 "OVERACHIEVER" (17 Y/O) GO ON TO SCHOOL (FATHER, SURGEON)

1 INMATE--MAX. SECURITY PRISON

1 H.S. ATHLETE--COACH FATHER; WANTED TO "SUPERACHIEVE" IN ATHLETI

1 FATHER COMMITTED SUICIDE; CHILD "WANTED TO BE WITH HIM"

1 HOMOSEXUAL (KNOWN)

VI. CONCLUSION

In the past seven months, the Task Force on Teenage Suicide Prevention has progressed decisively. By delegating specific assignments to the committees on public relations, resources and research an inordinate amount of groundwork has been covered in a very short span of time. The extensive expertise found amongst this body of Commissioners has allowed for the tasks at hand to be handled in a structured, productive and timely manner.

It is this level of professionalism and sense of purpose which some guests (at our public meetings) have cited as the primary incentive for wishing to affiliate themselves as permanent volunteers.

Statistically speaking, the ten teenage suicides documented for 1985 in our state may not be perceived as overly-alarming; however, it is the consensus of this Task Force that suicide is preventable. Furthermore, were there only one teenage suicide documented for 1985 in Rhode Island, it would be no less a tragedy. A tragedy that could have been impacted by the very support system that this Task Force is seeking to implement.

It is with this sense of commitment that the Rhode Island Task Force on Teenage Suicide Prevention will endeavor to institute the necessary framework for a comprehensive teenage suicide awareness program on a statewide basis.